FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)			Office use only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
DONNA EDWA	ARPS FOR CONGI	RESS		
ADDRESS (number and	street) P.O.	Box 441153		
X (Check if address is changed)		WASHINGTON		MD 20749 _
COMMITTEE'S E-MAI	II ADDDESS		CITY	STATE▲ ZIP CODE ▲
	lwardsforcongres	s.com		
1,,,,,,,				
COMMITTEE'S WEB PAGE ADDRESS (URL)				
donnaedwardsforcongress.com				
COMMITTEE'S FAX N 3013164220	NUMBER	J		
2. DATE 0.7		2006°		
3. FEC IDENTIFICATION NUMBER C C00422964				
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)				
I certify that I have exami	ned this Statement and	to the best of my know	vledge and belief it is true, correct ar	d complete
Type or Print Name of	Treasurer <b>V</b>	alerie Ervin		
Signature of Treasurer	Electronically Filed	l by Valerie Erv	rin	Date 07 / 08 / YYYYY
NOTE: Submission of fal		•	subject the person signing this Stat	ement to the penalties of 2 U.S.C. S437g.  WITHIN 10 DAYS
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530	